## Quantity Purchase Agreement Qty Purchase Agreement QPA Number With The State Of Indiana 0000000000000000000011048

Vendor **RAYSICS** 

Remit to: 720 S DICKERSON ST

BURGAW NC 29425

**RAYSICS** Name and

Address Cntct: WENDY WATTS of Vendor: 720 S DICKERSON ST BURGAW NC 29425

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Requisition Nbr.: Laboratory & Forensic Suppli

Effective Date: 08/04/2009 12/31/2010 Expiration Date:

Agency Number:

Facility: ASA9-9-74 Vendor ID: 0000257190 Vendor Telephone Nbr: 910-259-8100 Name Of Contact Pers: WENDY WATTS **FAX Number:** 910-259-8110

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

## Line Number Quantity UNIT **Article and Description Unit Price**

This is an award of a Quantity Purchase Agreement for Laboratory and Forensic Supplies.

QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities were estimates and actual usage could be substantially more or less.

The awarded vendor must maintain, at a minimum the information listed below in excel format and supplied to the State within one week of the request.

The report must include purchases from State Agencies and any Political Subdivision's purchases.

- \* Entity Name
- \* Entity Address
- \* Date of Order
- \* Purchase Order Number
- \* Description of Goods Ordered
- \* Quantity
- \* Order Total

If the M/WBE participation level will exceed or fail to meet the goals outlined in the contractor's proposal, you must notify the M/WBE office immediately at MWDBE@idoa.in.gov. In the event that the contractor fails to report changes in participation attainment, demonstrate a good faith effort to reach the participation goals, pay the MBE and WBE in a timely manner or satisfactorily resolve any outstanding claims, the department may elect to withhold a disputed amount from the payments due to the contractor, suspend or terminate the contract, recommend suspension of the contractor's certification status with the public works division, and/or suspend, revoke, or deny the MBE or WBE certification and eligibility to participate in the MBE or WBE program per (25 IAC 5-7-8).

Delivery will be 30 days after receipt of order or as agreed upon by the Requesting Agency and Vendor at time order is placed.

1	99,999,999.00 PK	000000000100078627 2710-1011, 100/PKG	Swabs, Sterile Cotton Applicator, Raysics #	5.2806
2	99,999,999.00 PK	000000000100078628 100/PKG	Box, Cotton Swab Applicator, Raysics # 2710-1034,	6.3013
3	99,999,999.00 PK	000000000100078629 25/PKG	Box, Knife Evidence, 16"x3"x2", Raysics # 2710-1031,	15.9306
4	99,999,999.00 PK	00000000100078569	Box, Evidence, Small Arms, Raysics #2710-1030, 20/PKG	23.1600
5	99,999,999.00 PK	000000000100078570 2710-1032, 20/PKG	Box, Evidence, Weapons/Long Rifle, Raysics #	40.7800

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720 S DICKERSON ST Remit to:

BURGAW NC 29425

Name and **RAYSICS** 

Cntct: WENDY WATTS Address of Vendor: 720 S DICKERSON ST

BURGAW NC 29425

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Page

**Unit Price** 

08/04/2009 **Effective Date:** 

12/31/2010 **Expiration Date:** 

**Agency Number:** 

Facility: ASA9-9-74 Vendor ID: 0000257190 Vendor Telephone Nbr: 910-259-8100 Name Of Contact Pers: WENDY WATTS

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Line Number Quantity UNIT **Article and Description** 

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

PΚ Package

Signature of Purchasing Officer		Typed Name	Signature Of Approval Office Of the State Attorney General	
		Date Signed	Typed Name	Date Signed
Authorized Signature  Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3150				